IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

David G. MATSUURA et al.

Title:

DEVICE AND METHOD FOR CONTROLLED EXPRESSION OF GASES FROM MEDICAL FLUIDS DELIVERY SYSTEMS

Appl. No.:

10/533,553

Filing Date:

12/6/2005

Examiner:

Melanie Jo Hand

Art Unit:

3761

Confirmation

9456

Number:

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement set forth in the Office Action mailed June 11, 2007, Applicants hereby provisionally elect Group I, Claims 1-11, 13-22, 35 and 36, for examination, with traverse.

The Office has required restriction between Claims 1-11, 13-22, 35 and 36 (Group I), drawn to a syringe assembly and method for discharging gaseous materials, a process for treating a mammalian patient and a dispenser assembly, Claims 12 and 23 (Group II), drawn to a syringe assembly, and Claims 24-34 (Group III), drawn to a gas collection device.

Restriction was required because the Office alleged that the special technical features of each grouping of claims did not distinguish over the art. Applicants respectfully disagree and traverse this restriction requirement as failing to articulate why the cited art either anticipated or rendered obvious the claimed invention. In this regard, Applicants assert that these mere allegations should not be construed as a justification for restriction.

Withdrawal of this restriction requirement is requested.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned at the address indicated below.

Respectfully submitted,

Date

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